

Application Data Sheet **Under 37 C.F.R. § 1.76**

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: Biomarker Panel for Colorectal Cancer

Attorney Docket Number:: CPMC-01000US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4A, 4B, 4C

Total Formal Drawing Sheets:: 6

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Nancy
Middle Name:: M.
Family Name:: Lee
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1830 Fulton Avenue
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94116
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Ling
Middle Name::
Family Name:: Chen
Name Suffix::
City of Residence:: Fremont
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 510 Lowell Place
City of mailing address:: Fremont
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94536

Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800
Fax Number: 415/362-2928
E-Mail address:: jkurin@fdml.com, srm@fdml.com

Representative Information

Representative Customer Number::	23910	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	is an application claiming benefit under 35 USC 119(e) of	60/488,660	07/18/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: California Pacific Medical Center
Street of mailing address:: 2200 Webster Street, Suite 514
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94115